

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 2002-29	2. STATE MS
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 10-01-02

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

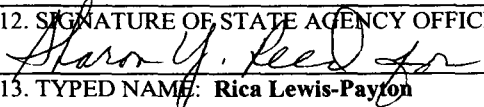
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440	7. FEDERAL BUDGET IMPACT: a. FFY 2003 \$ -0- b. FFY 2004 \$ -0-
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Exhibit 6d, Pages 1 - 3 Attachment 3.1-A, Exhibit 11 Attachment 3.1-A, Exhibit 13 Attachment 3.1-A, Exhibit 13a, 13b, 13c (Pages 1 - 2) and 13d Attachment 4.19-B, Pages 6d and 11 Attachment 4.19-B, Page 13	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, Exhibit 6d, Pages 1 - 3 Attachment 3.1-A, Exhibit 11 New Attachment 3.1-A, Exhibit 13a - 13d, Pages 1 - 2 Attachment 4.19-B, Pages 6d and 11 Attachment 4.19-B, Page 13c thru 13d
10. SUBJECT OF AMENDMENT: This State Plan Amendment is being filed as a technical correction to make changes in the numbering of several pages in the Plan.	


11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Rica Lewis-Payton, Executive Director Miss. Division of Medicaid Attn: Rose Compere 239 North Lamar Street, Suite 801 Jackson, MS 39201-1399
13. TYPED NAME: Rica Lewis-Payton	
14. TITLE: Executive Director	
15. DATE SUBMITTED: October 23, 2002	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: October 24, 2002	18. DATE APPROVED: November 18, 2002
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2002	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Rhonda R. Cottrell	22. TITLE: Associate Regional Administrator Division of Medicaid
23. REMARKS:	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Mississippi

Attachment 3.1-A

Exhibit 6d

Page 1

DESCRIPTIONS OF LIMITATION AS TO AMOUNT, DURATION AND SCOPE OF
MEDICAL CARE AND SERVICES PROVIDED

6d. Other Practitioners' Services:

Nurse Practitioner Services: Services furnished by a registered nurse who is licensed and certified by the Mississippi Board of Nursing as a nurse practitioner including, but not limited to nurse anesthetists, nurse midwives, family nurse practitioners, family planning nurse practitioners, pediatric nurse practitioners, obstetrics-gynecology nurse practitioners and neonatal nurse practitioners, under regulations adopted by the Division.

Physician Assistant Services: Physician assistant services are those provided by physician assistants who are licensed by the State Board of Medical Licensure and are practicing with physician supervision under regulations adopted by the Division.

Pharmacy Disease Management Services: Disease management services are those provided by specially credentialed pharmacists for Medicaid recipients with specific chronic disease states of diabetes, asthma, lipids, or coagulation. It is a patient-centered concept integrating the pharmacist into the health care team with shared responsibility for disease management and therapeutic outcome. The process provides cost-effective, high-quality health care for patients referred by their physician. The referring physician requests disease management services from any credentialed participating pharmacist in Mississippi. With the appropriate transfer of pharmacy care records, including a written referral from the physician to the pharmacist, the referral is considered documented. All laboratory test results must be included because the pharmacist is not allowed reimbursement for laboratory procedures. In order to be cost-effective for the Medicaid program, the disease management services performed by the pharmacist cannot duplicate those provided by the physician.

TN No. 2002-29

Supercedes

TN No. 2001-19

Effective Date 10/1/02

Date Approved 11/18/02

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Mississippi

Attachment 3.1-A

Exhibit 6d

Page 1

DESCRIPTIONS OF LIMITATION AS TO AMOUNT, DURATION AND SCOPE OF
MEDICAL CARE AND SERVICES PROVIDED

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Attachment 3.1-A

Exhibit 6d

Page 2

**DESCRIPTIONS OF LIMITATION AS TO AMOUNT, DURATION AND SCOPE OF
MEDICAL CARE AND SERVICES PROVIDED**

The pharmacist is knowledgeable about pharmaceutical products and the design of therapeutic approaches which are safe, effective, and cost-efficient for patient outcomes. The pharmacist evaluates the patient and consults with the physician concerning the suggested/prescribed drug therapy. After the drug therapy review with the physician, the pharmacist counsels the patient concerning such topics as compliance and provides the patient with educational and informational materials specific to the disease or drug. The pharmacist functions in an educational capacity to ensure the patient understands and complies with the proper usage of all drugs prescribed by the physician. The involvement with the patient and the education of the patient about lifestyle changes and improved drug regimen compliance are aimed at reduction of or avoidance of costly hospitalizations and emergency care.

The State Pharmacy Practice Act in its Disease Management Protocol requires communication with the referring physician. Disease management services follow a protocol developed between the pharmacist and patient's physician. When nationally accepted clinical practice guidelines are introduced, they will be incorporated into the individual patient's therapy plan.

The primary components of this service are as follows:

1. Patient evaluation
2. Compliance assessment
3. Drug therapy review
4. Disease state management according to clinical practice guidelines
5. Patient/caregiver education

A copy of the pharmacy care records, including the documentation for services, is shared with the patient's physician and remains on file in the pharmacist's facility available for audit by the Division of Medicaid.

TN No. 2002-29
Supercedes
TN No. 97-08

Effective Date 10/1/02
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Mississippi

Attachment 3.1-A

Exhibit 6d

Page 3

**DESCRIPTIONS OF LIMITATION AS TO AMOUNT, DURATION AND SCOPE OF
MEDICAL CARE AND SERVICES PROVIDED**

To provide this service, a pharmacist must be a registered pharmacist with a doctorate in pharmacy or a registered pharmacist who has completed a disease specific certification program approved by the Mississippi Board of Pharmacy practicing within the scope as defined by state law. The present certification courses approved by the Board of Pharmacy are from twenty-four (24) to thirty (30) hours.

All pharmacists, both the registered pharmacist with a doctorate and the registered, certified pharmacist must renew their specific disease management certifications every two years as required by Board of Pharmacy regulations. The present recertification course approved by the Board of Pharmacy is twenty to thirty hours.

Additionally, the pharmacist must provide a separate distinct area conducive to privacy, e.g., a partitioned booth or a private room. Also the pharmacist must complete an enrollment packet and a provider agreement and receive a provider number from the Division of Medicaid.

TN No. 2002-29

Supersedes

TN No. 97-08

Effective Date 10/1/02

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

Attachment 3.1-A
Exhibit 11

DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF
MEDICAL CARE AND SERVICES PROVIDED

11. Physical Therapy and Related Services:

- a. Physical therapy is provided to all eligible individuals under the age of twenty-one through EPSDT discretionary services.

Physical Therapy Services: Services prescribed by a physician and provided to a recipient by or under the personal supervision of a qualified physical therapist. A qualified physical therapist is an individual who is a graduate of a program approved by both the Committee on Allied Health Education and Accreditation of the Medical Association and the American Physical Therapy Association or its equivalent and who is licensed as defined by state law.

- b. Occupational therapy is provided to all eligible individuals under the age of twenty-one through EPSDT discretionary services.

Occupational Therapy Services: Services prescribed by a physician and provided to a recipient by or under the personal supervision of a qualified occupational therapist. A qualified occupational therapist is an individual who is a graduate of a program approved by the Committee on Allied Health Education and Accreditation of the American Occupational Therapy Association and who is licensed as defined by state law.

- c. Services for individuals with speech, hearing, and language disorders are provided to all eligible individuals under the age of twenty-one (21) through EPSDT discretionary services.

Speech Therapy Services: Services prescribed by a physician and provided to a recipient by or under the personal supervision of a qualified speech pathologist or audiologist. A qualified speech pathologist or audiologist is an individual who has a certificate of clinical competence from the American Speech and Hearing Association, has completed the equivalent education requirements and work experience necessary for the certificate or has completed the academic program and is acquiring supervised work experience to qualify for the certificate and who is licensed as defined by state law.

TN # 2002-29
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TN # 89-11

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

Attachment 3.1-A
Exhibit 13

DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF
MEDICAL CARE AND SERVICES PROVIDED

13. Other Diagnostic, Screening, Preventive, and Rehabilitative Services, i.e., other than those provided elsewhere in the plan.

Limited to preventive and rehabilitative services
(42CFR440.130[a] [b] [c] [d] and the following procedures:

TN # 2002-29
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TN # NEW

Date Received 10/24/02
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

Attachment 3.1-A
Exhibit 13a

DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF
MEDICAL CARE AND SERVICES PROVIDED

- 13a. Diagnostic Services: Diagnostic services, except as otherwise provided in this Plan, includes any medical procedures or supplied recommended by a physician or other licensed practitioner of the healing arts, within the scope of his practice under State law, top enable them to identify the existence, nature, or extent of illness, injury, or other health deviation in a recipient.

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TN # 92-17

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Attachment 3.1-A

State: Mississippi

Exhibit 13b

DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF
MEDICAL CARE AND SERVICES PROVIDED

- 13b. Screening Services: Screening services means the use of standardized tests given under medical direction in the mass examination of a designated population to detect the existence of one or more particular diseases or health deviations or to identify for more definitive studies individuals suspected of having certain diseases.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

Attachment 3.1-A

Exhibit 13c

Page 1

DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF
MEDICAL CARE AND SERVICES PROVIDED

13c. Preventive Services: Preventive services means services provided by a physician or other licensed practitioner of the healing arts within the scope of his practice under State law to:

- 1) Prevent disease, disability, and other health conditions or their progression;
- 2) Prolong life; and
- 3) Promote physical and mental health and efficiency.

Medication Checks: Regular and periodic monitoring by a psychiatrist or physician of the therapeutic effects of medications prescribed for mental health purposes.

Providers of medication checks must meet the standards as established under Sections 41-19-31 through 41-19-39 and/or Section 41-4-7(g), Mississippi code of 1972, as amended.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

Attachment 3.1-A

Exhibit 13c

Page 2

DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF
MEDICAL CARE AND SERVICES PROVIDED

Disease State Management Services:

TN # 2002-29

Supersedes

TN # 92-17

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

Attachment 3.1-A
Exhibit 13d

DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF
MEDICAL CARE AND SERVICES PROVIDED

- 13d. Rehabilitative Services: Rehabilitative services, except as otherwise provided under this Plan, includes any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his practice under State law, for maximum reduction of physical or mental disability and restoration of a recipient to his best possible functional level.

Individual Therapy: Physician prescribed assessment, treatment planning, evaluation and one-on-one therapy with the eligible Medicaid recipient.

Family Therapy: Physician prescribed therapy for the family of a recipient that is exclusively directed to the treatment of the Medicaid eligible recipient.

Group Therapy: Physician authorized face-to-face therapy with a group of clients to address the needs of several clients at the same time. Activities are designed to prevent deterioration, to encourage remediation, and to provide rehabilitation of the clients' capacity to function in society.

Psychosocial Rehabilitation: Physician authorized services designed to alleviate psychiatric decompensation, confusion, anxiety, feelings of low self-worth, isolation and withdrawal. Psychosocial rehabilitation activities include reality orientation, social adaptation, physical coordination, daily living skills, effective management of time and resources, task completion, and activities to incorporate the individual into independent community living.

Nursing Services: Physician prescribed nursing services necessary for the support and rehabilitation of the Medicaid recipient. Activities include assessment of extrapyramidal symptoms, education of recipient and family about illness.

Injectable Medication: Injection of a psychotropic medication prescribed by a physician with the purpose of restoring, maintaining, or improving the client's role performance and/or mental health status. This service is to be provided by a licensed registered nurse, a licensed practical nurse or a physician to enhance the client's rehabilitation.

Providers of individual therapy, family therapy, group therapy, psychosocial rehabilitation treatments, and nursing services must meet the standards as established under Sections 41-19-31 through 41-19-39 and/or Section 41-4-7(g), Mississippi Code, as amended.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Attachment 4.19-B

Page 6d

STATE: Mississippi

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES
OF CARE

6d. Other Practitioners' Services:

Nurse Practitioner and Physician Assistant Services: Reimbursement for nurse practitioner and physician assistant services shall be at 90% of the fee for reimbursement paid to licensed physicians under the statewide physician fee schedule for comparable services under comparable circumstances.

Nurse practitioner and physician assistant services for EPSDT beneficiaries, if medically necessary, which exceed the limitations and scope for Medicaid beneficiaries, as covered in this Plan, are reimbursed according to the methodology in the above paragraph.

Pharmacy Disease Management Services: The pharmacy disease management services are reimbursed on a per encounter basis with an encounter averaging between fifteen and thirty minutes. The reimbursement is a flat fee established after reviewing Medicaid's physician fee schedule and reimbursement methodologies and fees of other states and third party payers.

Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.

TN No. 2002-29
Supersedes
TN No. 2001-19

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Attachment 4.19-B

Page 11

STATE: Mississippi

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

Physical Therapy and Related Services:

- a. Physical Therapy is reimbursed based on an established fee schedule.
- b. Occupational Therapy is reimbursed based on an established fee schedule.
- c. Speech Therapy Services: Services for speech, hearing and language disorders are reimbursed based on an established fee schedule.
- d. Reimbursement to the Department of Education for these services will not exceed their actual cost. Actual cost to be determined by cost reports submitted by the Department of Education.
- e. Physical therapy and related services for EPSDT recipients, if medically necessary, which exceed the limitations and scope for Medicaid recipients, as covered in this Plan, are reimbursed according to the methodology in the above paragraph.

Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.

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TN No. 2002-06

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Attachment 4.19-B

Page 13

STATE: Mississippi

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES
OF CARE

13. Other Diagnostic, Screening, Preventive, and Rehabilitative Services: Other services described in Attachment 3.1-A, Exhibit 13 are reimbursed according to a statewide uniform fixed fee schedule established through consultation with the State Department of Mental Health. EPSDT will reimburse \$85.00 for psychological evaluations.

Mental health services for EPSDT recipients, if medically necessary, which exceed the limitations and scope for Medicaid recipients, as covered in this Plan, are reimbursed according to the methodology in the above paragraph.

Other diagnostic screening, preventive and rehabilitative services for EPSDT recipients, if medically necessary, which exceed the limitations and scope for Medicaid recipients, as covered in this Plan, are reimbursed on a fee schedule.

Disease State Management Services:

Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.

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